FORM DEC Mail Mail Processing Section

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Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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		3235-0076
Expires:	May 31, 20	800
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SEC USE ONLY					
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Continuous Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A, BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08050386
Leebrook Total Return Fund L.P. Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12 Castle Street, St. Helier, Jersey, JE2 3RT Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above	44 (0)1534 847000 Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed	lease specify): MAY 282008
Month Year Actual or Estimated Date of Incorporation or Organization: Actual Actual Actual Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering.	
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlestiling of a federal notice.	

		A. BASIC IDI	ENTIFICATION DATA				
2. Enter the information re	quested for the fo	lowing:					
 Each promoter of t 	promoter of the issuer, if the issuer has been organized within the past five years;						
Each beneficial own	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issue		
Each executive off	icer and director o	f corporate issuers and of	corporate general and mar	aging partners of	partnership issuers; and		
Each general and n	nanaging partner o	f partnership issuers.					
		E 5 5 10		C Diseases	C Garage and/or		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)	•					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)				-		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	1.002			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, i	f individual)			<u>" </u>			
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)	 -			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				
	(Use bla	ink sheet, or copy and use	additional copies of this s	heet, as necessary)		

				•	B. U	NFORMATI	ON ABOU	T OFFERI	NG				
1.	I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No				
	Answer also in Appendix, Column 2, if filing under ULOE.								_				
2.	What is	the minim	um investn	ent that w	ill be acce	pted from a	ny individ	ual?				\$	
,	D 4	cc ·	14.1.1.		- C!	1 140						Yes	No
3. 4.		_	permit joint								irectly, any		C
T.	commission of states	sion or sim on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	olicitation rson or age aler. If me	of purchase int of a brok ore than five	ers in conne er or deale (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state ons of such		
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	i Street, C	ity, State, Z	ip Code)						
Nar	ne of Ass	ociated Br	oker or De	aler									
Sta			Listed Has							,			
	(Check	"All States	" or check	individual	States)		,, ,,,,		***************************************		***************************************		I States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE SC	NV SD	NH TN	NJ [TX]	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
				لننف									
Ful	l Name (l	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						<u>-</u>
Nai	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers				•		· ·
	(Check	"All States	or check	individual	States)		•••••		*************	*****		☐ All States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ful			first, if ind										
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							☐ Al	l States					
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Ι,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price			int Already Sold
	Debi	;		s	
	Equity				
	☐ Common ☐ Preferred			-	
	Convertible Securities (including warrants)	1		\$	
	Partnership Interests)	_{\$} 36,	500,000
	Other (Specify)			\$	
	Total		0	s 36	5,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.		_	-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Dolla of P	ggregate ar Amount Purchases
	Accredited Investors	12	_	<u>\$_36</u>	,500,000
	Non-accredited Investors		_	s	
	Total (for filings under Rule 504 only)		_	\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Type of			ar Amount
	Type of Offering	Security			Sold
	Rule 505		-		
	Regulation A		-	\$	
	Rule 504		-	\$	
	Total	 	-	\$. <u>-</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	[]	\$	
	Printing and Engraving Costs	[S	_
	Legal Fees		<u> </u>	s	130,797
	Accounting Fees	[]	\$	
	Engineering Fees	[\$	
	Sales Commissions (specify finders' fees separately)	_	_	\$	
	Other Expenses (identify) administration	_	<u> </u>	\$	30,871
	Total	_	7	\$	161,668

_					
	b. Enter the difference between the aggregate offering price given in response to F and total expenses furnished in response to Part C — Question 4.a. This difference i proceeds to the issuer."	is the "adjusted gross	\$ <u>249,838,332</u>		
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proeach of the purposes shown. If the amount for any purpose is not known, furn check the box to the left of the estimate. The total of the payments listed must equipoceeds to the issuer set forth in response to Part C — Question 4.b above.	ish an estimate and			
		Payments to Officers, Directors, & Affiliates			
	Salaries and fees	[] \$	□\$		
	Purchase of real estate	ss	🗆 \$		
	Purchase, rental or leasing and installation of machinery and equipment	\$	\$		
	Construction or leasing of plant buildings and facilities				
	Acquisition of other businesses (including the value of securities involved in the offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		□s		
	Repayment of indebtedness				
	Working capital				
	Other (specify): amounts raised will be used by the issuer to make various	investments \$	\$		
		 s	Z \$ <u>249,838,332</u>		
	Column Totals		✓ \$ <u>249,838,332</u>		
	Total Payments Listed (column totals added)		[] <u>\$ 249,838,332</u>		
Г	D. FEDERAL SIGNATU	JRE			
_			p 1 505 d C.II day		
si	he issuer has duly caused this notice to be signed by the undersigned duly authorized gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities an e information furnished by the issuer to any non-accredited investor pursuant to p	d Exchange Commission, upon wr	itten request of its staff.		
	suer (Print or Type) Signature Signature	Date 05/16	108		
_	eebrook Total Return Fund L.P. ame of Signer (Print or Type) Title of Signer (Print or Type)		-/		
		•			
	revor Hunt Director of Leebrook Limite Leebrook Total Return Fur	nd L.P.	 -		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)